



Express Mail Label No.
EV619613528US

Attorney Docket No.: ABGX-2-CIP CPA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Marianne DiBrino, Ph.D.
Group Art Unit : 1644
Applicants : Michael Gallo et al.
Application No. : 09/375,924 Confirmation No. : 5797
Filed : August 17, 1999
For : GENERATION OF MODIFIED MOLECULES WITH
INCREASED SERUM HALF-LIVES

New York, New York
June 28, 2005

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**PETITION TO WITHDRAW HOLDING OF ABANDONMENT
BASED ON FAILURE TO RECEIVE OFFICE ACTION**


Sir:

Applicants respectfully request that the holding of abandonment in the above-identified application be withdrawn and the October 18, 2004 Office Action be re-issued. Applicants' attorney, the undersigned, first became aware of the Office Action after an inquiry from the Examiner and receipt of a faxed copy of an October 18, 2004 Office Action on May 23, 2005. During a June 3, 2005 telephone call, the Examiner informed applicants' attorney, the undersigned, that applicants had failed to respond to the Office Action, originally mailed October 18, 2004.

Adjustment date: 10/14/2010 CKHLOK
06/30/2005 EFLORES 00000011 061075 09375924
01 FC:1464 130.00 CR

06/30/2005 EFLORES 00000011 061075 09375924
01 FC:1464 130.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|-------------------------------------|-----------------------|--------------|
| 1 Date of Request: 10/12/10 | | 2 Serial/Patent # 09375924 | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input checked="" type="checkbox"/> | Petition | | 06/28/05 | \$ 130.00 |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 130.00 |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | | | |
| <input type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> | Treasury Check | |
| <input type="checkbox"/> | Duplicate Payment | <input type="checkbox"/> | Credit Deposit A/C #: | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | 9 | 0 | 6 -- 1 0 7 5 |
| Holding of Abandonment is withdrawn. | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: Christina Tartera Donnell | | TITLE: Petitions Attorney | | |
| SIGNATURE: /christina tartera donnell/ | | PHONE: 571-272-3211 | | |
| OFFICE: Office of Petitions - 4700 | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED:  | | DATE: 10/14/10 | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: